



CEMETERY AND FUNERAL PROGRAM
P. O. Box 989003
WEST SACRAMENTO, CA 95798-9003
(916) 327-3219



Application for Original Funeral Establishment License

APPLICATION FEE: **\$400.00**

Additional Fee of **\$56.00** Required for fingerprint Processing.

For Office Use Only

Date Received: _____

Amount: _____

B.C. P.C. C.C. M.O.

Receipt No.: _____

The information is required under Sections 7661, 7662, and 7663 of the Business and Professions Code. All items of information requested are mandatory. Failure to provide the requested information will result in the application being rejected as incomplete. The information provided will be used to determine qualifications for registration. The official for the maintenance of the information is the Program Chief, Cemetery and Funeral Program. The information may be transferred to other governmental agencies and/or law enforcement agencies. Each individual has the right to review the files or records maintained on them by the agency. The records are identified as confidential information and exempted in Section 1798.17 of the Information Practices Act.

(PLEASE PRINT OR TYPE)

READ INSTRUCTIONS ON PAGE 3 BEFORE FILLING IN THIS APPLICATION

1. Name of Establishment:			Phone No.: ()	
2. Establishment Address: Number and Street	P.O. Box No.	City	County	Zip Code
3. Storage Facility Address: Number and Street	P.O. Box No.	City	County	Zip Code
4. Is the proposed office or storage facility currently used by any other licensed Funeral Establishment			Yes	No
5. Type of Business Organization: (check one)				
INDIVIDUAL		CO-PARTNERSHIP		CORPORATION
6. If owned by an <i>INDIVIDUAL</i> , complete the following:				
Are you the sole owner?			Yes	No
If not, what is your status? _____				
Name:			Phone No.	
Residence Address:			Zip Code	
7. If owned by a <i>CO-PARTNERSHIP</i> , complete the following information for <i>ALL</i> partners:				
(a) Name:			Phone No.	
Residence Address: Number and Street	City	Zip Code	% of interest	
(b) Name:			Phone No.	
Residence Address: Number and Street	City	Zip Code	% of interest	
(c) Name:			Phone No.	
Residence Address: Number and Street	City	Zip Code	% of interest	
(d) Name:			Phone No.	
Residence Address: Number and Street	City	Zip Code	% of interest	

8. If owned by a <i>CORPORATION</i> , complete the following:		
(a) Name of Corporation: (exact name as shown on certificate of incorporation)		
(b) Incorporated in State of:	(c) Date Incorporated	NOTE: Submit copy of Articles of Incorporation and Resolution
9. List names, addresses, and titles of all officers of the <i>CORPORATION</i> :		
NAME	ADDRESS	TITLE
		President
		Vice President
		Secretary/Treasurer
10. Workers Compensation Insurance is carried by: (As provided by Section 3700 of the Labor Code)		
11. List Funeral Director(s) who will control, manage, or direct this proposed business:		
_____ Lic. # _____	_____ Lic. # _____	
_____ Lic. # _____	_____ Lic. # _____	
12. Has the manager, director, or controller of this business previously held a Funeral Director's license? Yes No		
or successfully passed a Funeral Director's examination given by this Program? Yes No		
13. Have you, the Applicant (owner, partners, or officers of the corporation) ever		
been convicted of a crime? (<i>See Instructions</i>)		Yes No
If answer is YES, give full details _____		
Attach additional sheet if necessary		

I hereby certify under penalty of perjury under the laws of the State of California that all statements furnished in connection with this application are true and correct.

Signature of Applicant(s): _____	Title _____
_____	Title _____
_____	Title _____
_____	Title _____

Date _____

Application Instructions for Original Funeral Establishment License

This application is to be used when applying for an Establishment license wherein the specific location is *not* licensed as a Funeral Establishment.

Do not use this application if you merely wish to be examined to manage an existing Firm.

Complete the application in detail and sign as the applicant. All incomplete applications will be returned to the applicant if they do not comply with all of the following.

1. **Name of Establishment:** Under this section list name of proposed mortuary, the name should be exactly as you wish it to appear on the license when issued. In this section also list telephone number of proposed establishment listing the area code as well.
 2. **Establishment Address:** Exact location must be given such as number and street. Post Office Box numbers alone will not suffice.
 3. **Storage Facility Address:** Exact location must be given such as number and street. Post Office Box numbers alone will not suffice.
 4. Self explanatory
 - 5-7. **Ownership:** Self explanatory
 8. **Corporation Ownership:** If the establishment is incorporated, show date of incorporation and exact name approved and issued by the Corporation Commissioner. Enclose a copy of "Articles of Incorporation." Also, if a corporation, enclose a copy of the "Resolution" designating the individual authorized to act on behalf of the corporation. The authorized person must sign at the bottom of Page 2.
 9. If incorporated, list names, addresses, and title of Officers.
 10. **Name of Insurance Company,** which is the carrier for "Workers Compensation Insurance" for the establishment.
 11. Name of individual(s) who will manage, direct, or control the proposed establishment. The manager(s) must submit an application and appear before the Program for a Funeral Director's examination prior to the issuance of the license, unless he or she has previously been qualified by passing the Funeral Director's examination. The Funeral Director's examination fee is \$100.00 and entails completion of an additional "Application for Funeral Director's License."
 12. Self explanatory
 13. This question applies to all except minor traffic violations. A plea or verdict of guilty or a conviction following a plea of nolo contendere is deemed to be a conviction under the Funeral Directors and Embalmers Law, irrespective of a subsequent order under the provisions of Section 1203.4 of the Penal Code, allowing such person to withdraw his or her plea of guilt and enter a plea of not guilty, or setting aside the verdict of guilty or dismissing the accusation, information or indictment.
- **Signature of Applicant:** This will either be the owner, all partners or the individual authorized by the Corporation to act on their behalf and so named in the copy of the "Resolution," which is to accompany this application if the ownership is that of a Corporation.
 - **Fingerprint Cards** will be required for each of the following (unless previously filed with this agency). If insufficient number of cards are enclosed, you may request additional cards.
 - Manager (in all cases)
 - Owners (Co-Partners, Individuals, etc.)
 - Corporation: President, Vice President, Secretary and Treasurer (all officers)
 - **Enclose statutory fee of \$400.00 + \$56.00 for Fingerprint Cards**